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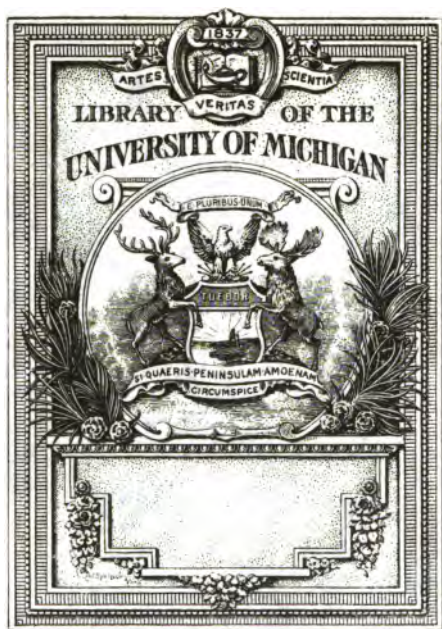
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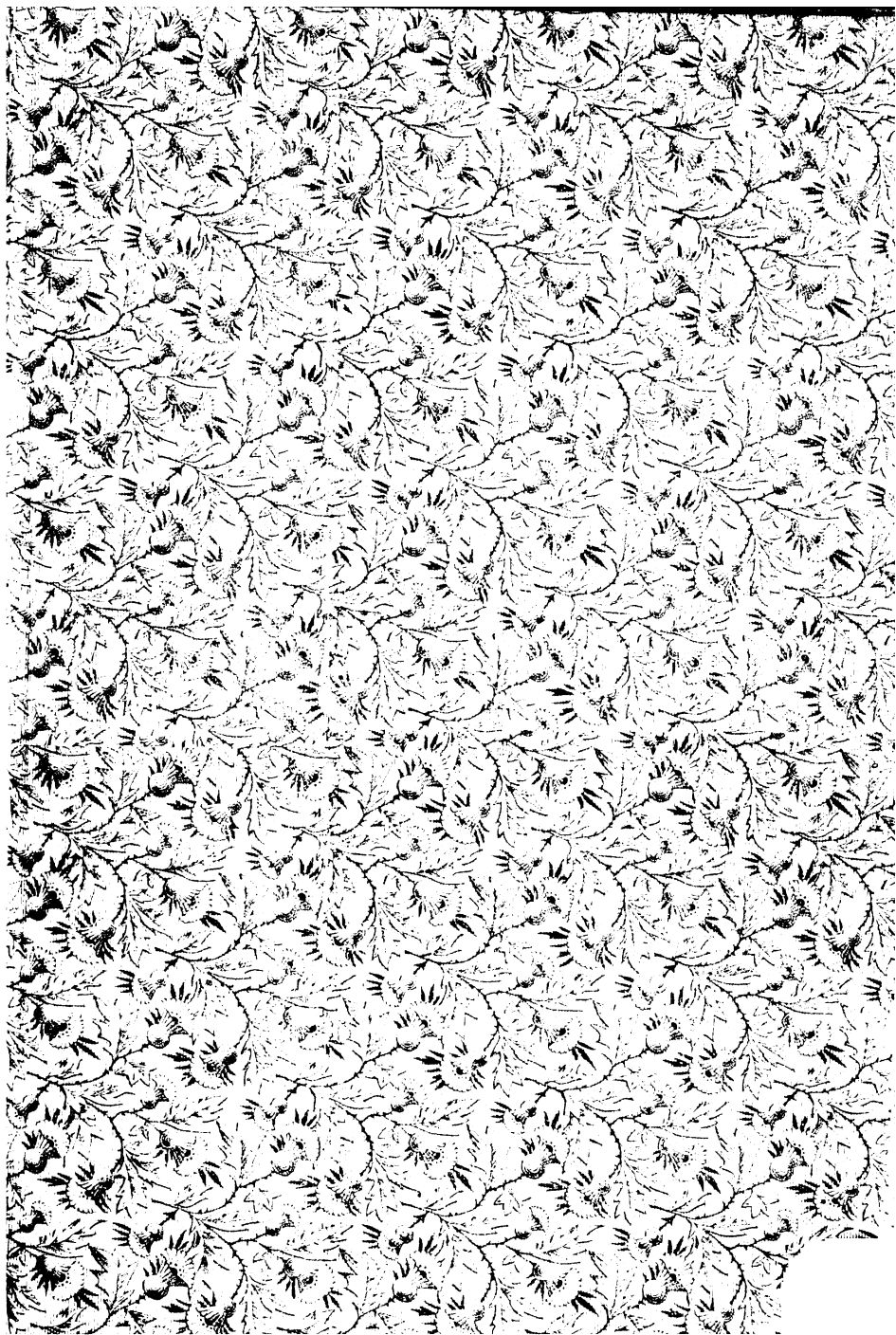
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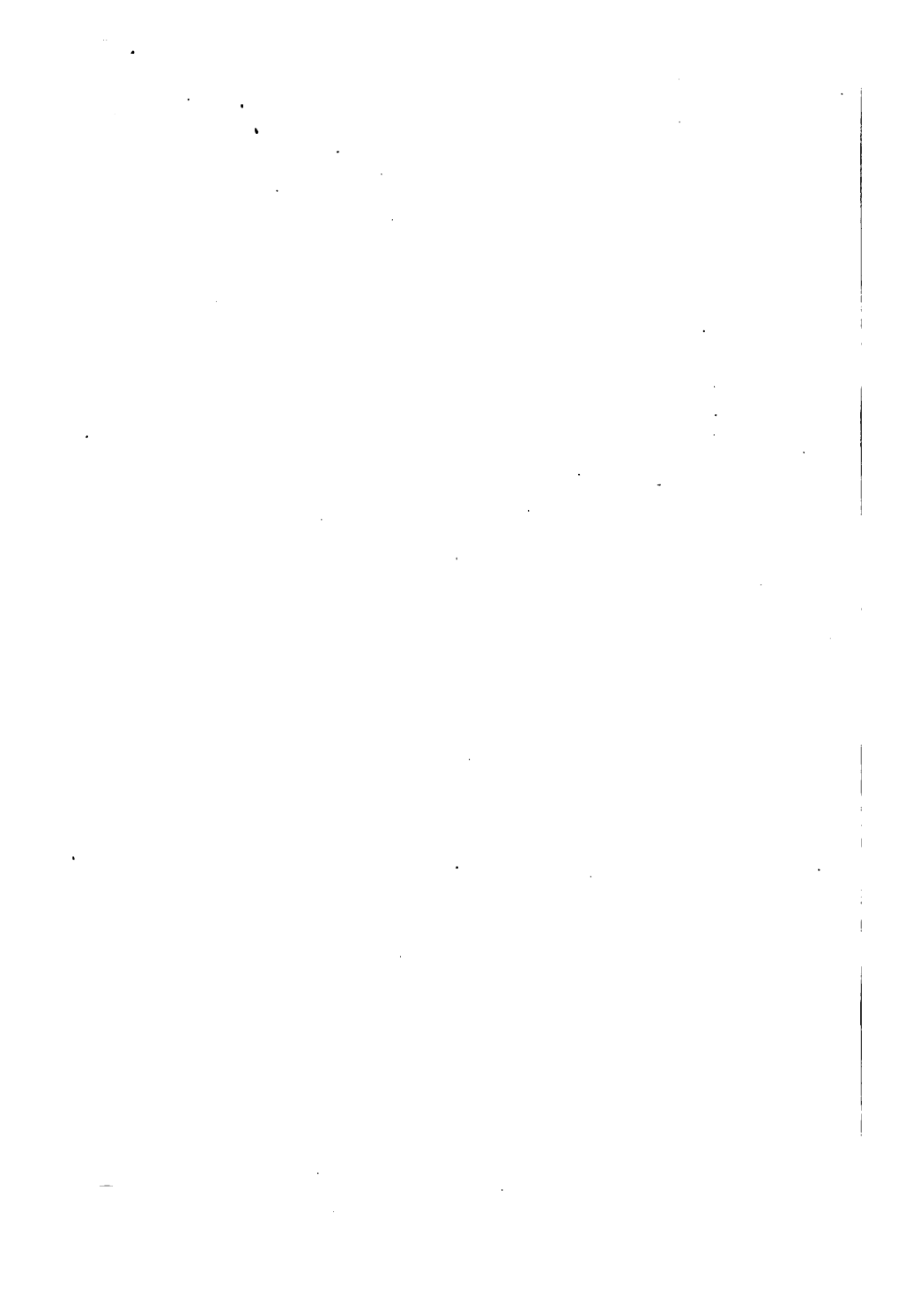


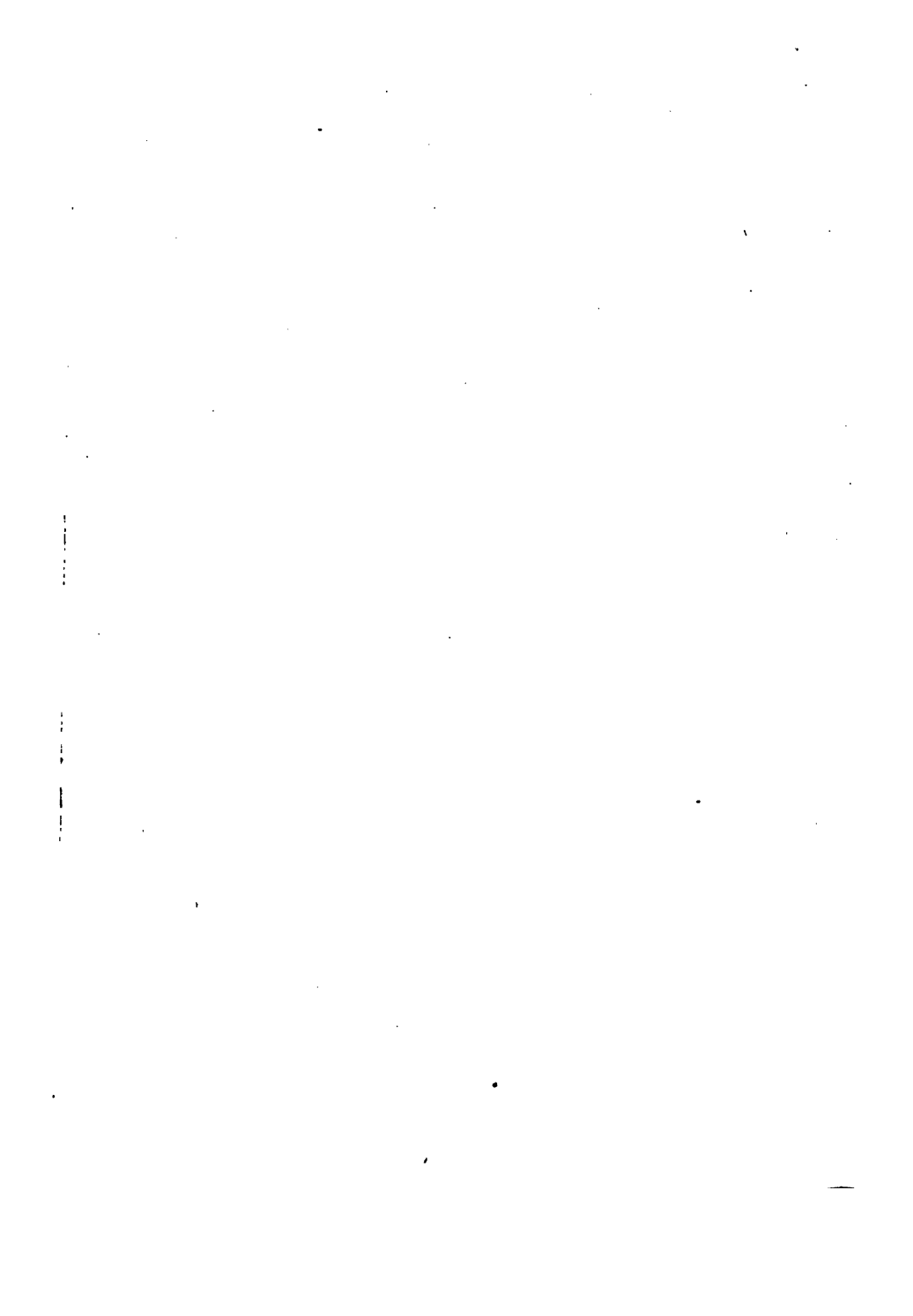


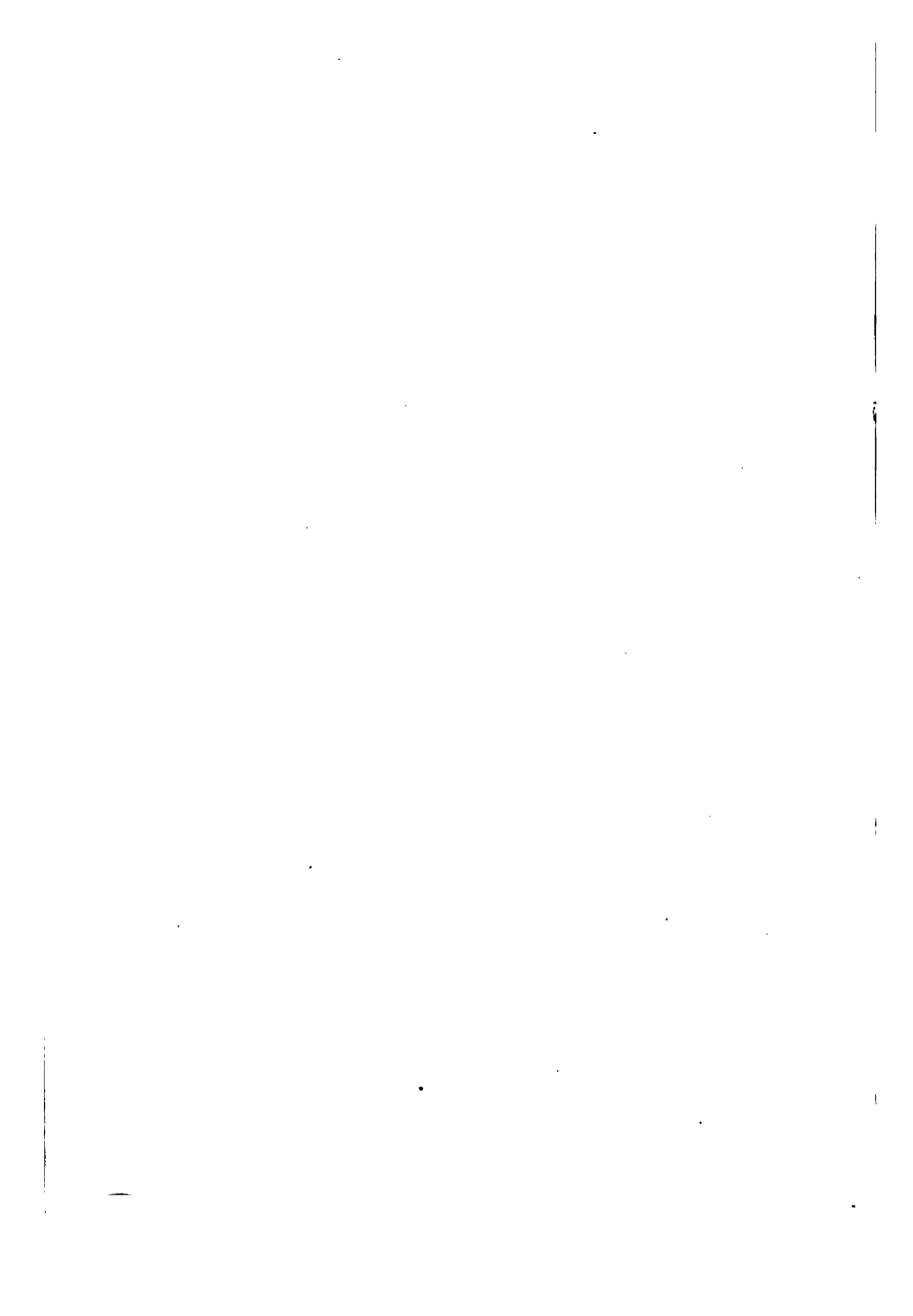


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HAY FEVER

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OR

RHINITIS VASO-MOTORIA PERIODICA

AND ITS RADICAL CURE

BY

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PREFACE.

Worthy objects often suffer at the hands of zealous, though injudicious friends. The literature of our school on the subject of hay fever, though scanty, consists, for the most part, of treatises which exhibit a woeful lack of exact knowledge. The reflections to which this gives rise are not pleasant to those who have at heart the best interests of a rational system of medicine. Our works on hay fever are signally deficient regarding the etiology and pathology of the disease, while the therapeutics presented are meagre and empirical, and, in some respects, calculated to mislead. It is the poverty of our literature on the subject which has prompted me to offer to the profession this monograph. I do so in the hope that the suggestions and the information which it contains may be of some service in aiding them not only to relieve, but to cure many of that great army of sufferers who, I am sure, would be willing to cast golden treasures at their feet.

In spite of its possible inaccuracies I trust that it may merit recognition, and that criticism may be unreserved and just.

E. LIPPINCOTT.

MEMPHIS, TENN.,
September 1st, 1888.



CONTENTS.

CHAPTER I.

Synonyms.—Definition.—Varieties.—Geographical Distribution.....	7—14
---	------

CHAPTER II.

History.....	15—21
--------------	-------

CHAPTER III.

Ætiology.....	22—27
---------------	-------

CHAPTER IV.

The Parts Affected.....	28—31
-------------------------	-------

CHAPTER V.

Pathology.....	32—35
----------------	-------

CHAPTER VI.

Diagnosis.—Prognosis.—Sanitary Resorts.....	36—38
---	-------

CHAPTER VII.

Treatment.....	37—46
----------------	-------

CHAPTER VIII.

Therapeutic Indications.....	47—76
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HAY FEVER;

RHINITIS VASO-MOTORIA PERIODICA.

CHAPTER I.

Synonyms.—Asthma Æstivum (Summer Asthma); Chortasthma; Grass Asthma; Hay Asthma; Pollen Asthma; Rye Asthma; Asthmatic Bronchitis; Summer Bronchitis; August Catarrh; Autumnal Catarrh; Bostock's Catarrh; June Catarrh; Nervous Catarrh; Pollen Catarrh; Rose Catarrh; Spasmodic Catarrh; Catarrhus Æstivus (Summer Catarrh); Hay Cold; June Cold; Peach Cold; Rose Cold; Yearly Cold; Gouty Coryza; Idiosyncratic Coryza; Paroxysmal Coryza; Dust Fever; Pollen Fever; Ragweed Fever; Rose Fever; Summer Fever; Sun Fever; Glanderoid; Asthmatic Influenza; Pollen Poisoning; Periodic Rhinitis; Rhinitis Sympathetica; Rhinitis Vaso-motoria; Coryza Vaso-motoria Periodica. French — *Asthma d'été*. German — *Roggen Asthma*; *Frühsommerkatarrh*.

These numerous synonyms are objectionable, for they are misleading as to cause, time of onset, course and nature of the disease, having been intended, obviously, by their various authors, to indicate either the name of the writer who first described the disease, the time or supposed cause of its appearance, the parts affected, the pathology, mode of manifestation, or resemblance to other diseases.

The terms "hay fever" and "hay asthma" are indisputably misnomers, in that they express neither the nature nor the cause of the disease. While pollen from hay, in common with other kinds of pollen, as well as dust, odors, fumes, gases, heat, light, etc., may be the exciting causes of the disease, yet many people suffer from attacks into which neither *hay* nor *fever* enter as a factor, either causative or symptomatic. But the terms have become so firmly fixed in the popular mind, and so thoroughly incorporated into the medical literature of the day, that, for convenience of expression, I shall hereafter use them in their conventional sense.

My object in presenting the term *Rhinitis Vasomotoria Periodica*, as being the most appropriate, is not to involve the absurdity of associating a disease with an impossible cause, but to define the seat of the lesion, and to demonstrate that the affection depends upon engorgement and hyperæsthesia of the nasal mucous membrane, with which are associated certain reflex nervous phenomena.

Definition.—Hay fever, so-called, is an annually recurring affection which involves the mucous membranes of the ocular, aural and respiratory tracts, depending upon engorgement and hyperæsthesia of the nasal mucous membrane, and accompanied by the following symptoms:—Periodic and spasmodic attacks of acute rhinitis, rhinorrhœa, itching and irritation of the nose, eyes, ears, mouth, pharynx, larynx, and bronchi;

mild or violent attacks of sneezing; copious, watery discharge from the nares, either bland, or of an acrid, salty taste, excoriating the nose and upper lip; redness and swelling of the nares; swelling of the submucous tissue of the nares, with more or less occlusion and sometimes epistaxis; lachrymation, redness and suffusion of the eyes; swelling of the submucous tissue and consequent stenosis of the lachrymal canals and nasal ducts; photophobia; conjunctivitis; sometimes, but rarely, œdema of the eyelids; chilliness; aching; slight febrile disturbance in some cases; pressure and heaviness in the frontal sinuses and forehead, or headache; neuralgia; flushed face; hacking, deep, hollow or wheezing cough; sleeplessness; loss of appetite; sensitiveness to cold air, change of temperature, drafts, sunlight, heat, pollen, dust, smoke, odors, fumes, perfumes, and other external impressions or irritants; in some instances papular eruption over the extremities; burning sensation in the bronchi and lungs; bronchial irritation or bronchial catarrh; tightness of chest; difficult and wheezy breathing with prolonged expiration, and other asthmatic symptoms; more or less cough, followed, at the close of the attack, by expectoration, the advent of the cough being generally accompanied by asthmatic symptoms of more or less severity; greater or less impairment of the senses of taste and smell, together with general discomfort and such a degree of physical and mental depression as to

render the sufferer unfit for physical or mental effort; the attacks recurring annually with almost minute exactness in point of time, lasting four to eight weeks, and occurring in most cases throughout the remaining years of life, leaving little or no trace of its presence either in local lesion or systemic disturbance. The spells of sneezing or cough, with many of the other symptoms and conditions, are spasmodic, and appear or are aggravated at certain hours of the day or night.*

Varieties.—There are two varieties of this affection, known as "Rose Cold," or "June Catarrh," and "Hay Fever," or "Autumnal Catarrh," both of which, to a greater or less degree, simulate catarrh and asthma in their manifestations. The first variety occurs in this country, as regards time, from the last week in April, to June, and corresponds with the "Hay Fever" of Europe in time of development, but not in severity of attack, the "Hay Fever" of Europe being more severe. In rose cold we rarely have asthmatic complications, but they are of frequent occurrence in the autumnal variety. Rose cold disappears spontaneously in June or July in some cases; in others it con-

*A young lady whom I treated for rose cold June, 1885, had periodical sneezing spells at midnight that lasted an hour, with a return of the same in the morning on rising, of shorter duration and less severity. With the hay-fever patient it appears on any day, much like the "Lancashire Folklore" Sunday sneeze:

"Sneeze on Sunday, your safety seek,

"The Devil will have you the whole of the week."



tinues later, or until the appearance of frost, with only an occasional sneeze or succession of sneezes, or with the usual hay-fever symptoms and conditions, with the exception that it is generally in a milder form than that which characterizes the autumnal variety. The hay fever of Europe usually occurs about May 25th, and rarely continues later than July. The second or autumnal variety appears from July to September—generally from August 10th to September 10th—in America. The difference in the character and severity of the attacks, and time of appearance of the two varieties, is due to the season of the year in which the exciting causes operate or exist, the kind and character of the irritants, the character of, as well as the greater or less extent of the abnormal condition of the nasal cavities—which is the prime cause—the varied susceptibility and the latitude and altitude of the residence of its victims. Dr. M. Hyman, of Boston, doubts the essential identity of the two varieties, for the reason that the same exciting causes are not equally operative, and also because relief is afforded from the rose cold by a resort to the sea shore; while the subject of the autumnal variety must resort elsewhere. He grants, however, that the objective phenomena are essentially alike, differing only in severity, and admits that the rose cold often seems to lead to the later one eventually, only yielding its victims when the severer form is developed.

Although vegetation is earlier in the South than in the North, the autumnal variety appears earlier in the North than in the South. It appears in Colorado, Minnesota, Wisconsin, Iowa, Michigan, Northern New York, Vermont, New Hampshire, Maine and Massachusetts, from the last week in July to August 5th; in Connecticut, and New York, August 10th; In Pennsylvania, New Jersey, Ohio, Indiana, Illinois, Missouri and Kansas, August 15th; in Delaware, Maryland, Virginia and Kentucky, August 20th; in North Carolina, South Carolina, Tennessee and Arkansas, August 25th; in Georgia and Northern Mississippi, August 28th to September 1st; in Florida, Alabama, Mississippi, Louisiana and Texas, September 5th to 10th; continuing in the majority of cases until frost or cold weather checks the inflorescence of plants and maturing vegetation.

The autumnal variety appears in two forms, the catarrhal, so-called, and the asthmatic, the catarrhal often lapsing into or being accompanied by the asthmatic.

Each form is made up of three stages: first, the stage of development; second, the paroxysmal stage; third, the stage of convalescence. The catarrhal form appears as heretofore described under the definition of hay fever, the symptoms varying in different individuals. The asthmatic form is, in addition, constantly accompanied by more or less dyspnoea and laryngo-bronchial catarrh. Its asthma is peculiar, in that it generally occurs most frequently during the day, at

least more frequently than in other forms of asthma, and varies from slight dyspnoea and moderate cough, to an intense and distressing dyspnoea and severe bronchial cough. The hay-fever victims of America, who are subject to the autumnal variety, have immunity from the disease in Europe, at the time they would be affected here. It is claimed by Sajous and a few other writers that "the affection presents itself twice in the year, in some individuals, while in others it either occurs in May or June, or during the last two weeks of August, or early in September." I have never known of a patient who had two attacks in one year. This affection is very rare among young children. Sir Morell Mackenzie, and one or two other writers, claim to have seen it as early as the second year of childhood. Were not this statement made by men of acknowledged ability there would be reason to doubt the correctness of the diagnosis.

Geographical Distribution—In this country the boundaries of the variety denominated "rosé cold" have not been defined, but I have never met with it except in the Southern States. Hay fever is found almost everywhere, except in very cold countries, in elevated regions, and, in some instances, on islands. Dr. M. Hyman's statements with reference to the geographical distribution of the disease in this country, are incorrect. He believes that the autumnal variety does not extend south of the Ohio River, north of the great lakes, or west of the Mississippi River. He claims that certain

portions of the country intervening are also exempted, as follows: A section lying north and east, adjacent to the White Mountains; also that portion of the state of New York north of Lake George, and extending west nearly to Ogdensburg, and the southern tier of counties from the Catskills, west to the state line; again, that portion of the Alleghany mountains south of the head waters of the Juniata River, to Covington, Kentucky. He believes these boundaries to be approximately true, varying with the season. The extension of the disease beyond these limits, northward, is only observed in seasons of unusual and protracted heat. In the summer of 1874 the autumnal variety reached northward beyond Mackinac (its usual boundary), even to the northern shores of Lake Superior, a region never before visited by this disease. It exists in Europe generally, but it is by far most common in England, where the annual number of cases is supposed to be double that of any other country.

CHAPTER II.

History.—This disease was first known or written of in England, having first made its appearance there. On page 191 of the second volume of the "Practice of Physic," by William Cullen, M.D., published in 1793, under the head of Asthma, he says: "In some persons the fits are readily excited by external heat, whether of the weather or of a warm chamber, and particularly by warm bathing. In such persons fits are more frequent in summer, and particularly during dog-days, than at colder seasons."

Judging from the above, Dr. Cullen must have met with hay asthma in his day. Hay fever was first written of by Heberden, who made some remarks which show that he had recognized the affection as distinct from the usual catarrhal and asthmatic troubles, and unique in its annual recurrence. He ventured no opinion concerning its causes, and did not seem to know anything of its real nature. It was first described by Dr. John Bostock, of London, in 1819, in a paper read before the Medico-Chirurgical Society of London, in which he described his own case under the title of, "A Case of the Periodical Affection of the Eyes and Chest." This gave origin to the term "Bostock's Catarrh." In 1828 he read a second paper on this subject be-

fore the same society, and gave a more lengthened account of the disease, paying attention to special symptoms which distinguish it from other complaints resembling it. In his second paper the disorder was called "*Catarrhus Æstivus*," or "Summer Catarrh." He described a form of the affection corresponding in its main features with what is now known as "Rose Cold," or "June Catarrh." In the nine years intervening between the two papers, no other notice of the disease appeared in printed form, but Bostock had either seen or had received distinct accounts of eighteen cases in addition to ten others in which the accounts were less perfect.

In 1828, Dr. Macculloch mentioned the disease, and in speaking of its causes, said: "It is produced by hot-houses, or green-houses, and in the public estimation it is particularly caused by hay fields." In 1829, Mr. W. Gordon published his "*Observations in the Nature, Cause, and Treatment of Hay Asthma*." In 1830 Mr. Augustus Præter published a short notice of a case he had seen in Paris, some years before. Dr. Elliotson noticed the disease in his lectures in 1831. In 1833, he gave a fuller account of the malady. In 1839, he mentioned pollen as being the probable cause of the affection.

In 1854, Dr. Phœbus (professor of medicine at the University of Giessen) gave an analysis of 300 cases. In the early part of 1859 he sent out circulars, which were published in various

medical journals in Europe and America, inviting medical men all over the world to send him answers to a series of questions so framed as to embrace every possible kind of information about the causes, symptoms, and progress of the disorder, its periods of prevalence, geographical and ethnological distribution, and its prevention and treatment. Although this disease is more prevalent in England and America than in any other parts of the world, it was to the above mentioned German author, Dr. Phœbus, that we are indebted for collecting and putting into an available form all that was known of hay fever up to the time of the appearance of his monograph in 1862. He was not himself a sufferer from the disease.

In 1860, Dr. George Wyld, of London, gives as the probable cause, "the pollen of hay floating in the air." In 1865, Dr. Wm. Abbotts Smith issued a second edition of his "Observations on Hay Fever, Hay Asthma, or Summer Catarrh." In 1866, a fourth edition of the same work appeared. In 1867, Dr. Wm. Pirrie issued a monograph on "Hay Asthma, or the Affection termed Hay Fever." In 1869, Dr. George Moore issued a monograph on "Hay Fever, or Summer Catarrh: its Causes, Symptoms, Prevention and Treatment." In 1868 the distinguished physiologist, Helmholtz, claimed to have discovered in the nasal secretions of hay fever patients, certain low vegetable parasites — vibriones — to which he ascribed the origin of the disease. This discovery was after-

wards said to have been confirmed by several others. On the other hand, other microscopists of equal reputation have failed to substantiate the discovery, even with high magnifying powers. In 1870, Dr. W. C. Roberts published a paper on "Catarrhus Æstivus, Hay, Rose, or Peach Cold, or Asthma," in the *New York Medical Gazette*, Oct. 8th, 1870, in which he claims priority of discovery of, and wished due credit awarded for, the symptom of excessive coldness of the end of the nose, which he considers "as the pathognomonic one."

In 1872, Dr. Morrill Wyman, of Harvard University, published a work on "Autumnal Catarrh," containing a record of eighty-one cases, and maps giving the boundaries of its distribution throughout the United States. He deals with the question of heredity, as well as the geographic and chorographic relation of the malady. Although a sufferer from the disease, he does not seem to have any settled or exact opinion of the nature of its cause.

In 1873, Dr. George M. Beard, of New York, published a treatise on "Hay Fever," or "Summer Catarrh," and in 1876, published a monograph on the same, in which he attempts to demonstrate that a large per cent of hay fever sufferers are of the nervous temperament, and that the exciting causes are very numerous, and not limited to pollen, as had previously been maintained by the majority of writers.

In 1873, Dr. C. H. Blackley, of Manchester, England, reiterated Elliotson's opinion, that the

affection is caused by pollen, and demonstrated by a series of experiments — which began in 1859 — its role as a causative influence in this disease. In 1880, in his “Hay Fever, its Causes, Treatment, and Effective Prevention, Experimental Researches, Second Edition,” he has sifted and re-arranged this mass of evidence after a more logical method, and collected additional evidence to substantiate it.

In 1875-'76, Dr. Elias J. Marsh, of Paterson, New Jersey, made experiments on the causes of hay fever, after the plan pursued by Blackley, recommended in the first edition of his work. In 1877, he read an essay, on “Hay Fever, or Pollen Poisoning,” before the New Jersey State Medical Society. He attributes the cause to pollen. To him we are indebted for the term “Rag-weed Fever.”

In 1882, Dr. W. H. Daly, of Pittsburg, Penn., published a treatise, in which he attributed the cause of the annually recurring attacks of hay fever “to local chronic disease of the nasal cavities, upon which the exciting causes act with effect,” adding that “the parts should be put in order, and thereby enable them to withstand the exciting influence of the next recurring crop of bacteria.” Dr. Daly was the first writer to call the attention of the profession to, and to demonstrate, the relation of hay fever and disease of the nasal cavities. In the *New York Medical Journal*, May 12th, 1883, Dr. John O. Roe advocated the same theory, and stated “that hyperæsthesia is associated with, or occasioned by, a

diseased condition, either latent or active, of the naso-pharyngeal mucous membrane," and "that the removal of the diseased tissue in the nasal passages removes the susceptibility of the individual to future attacks of hay fever."

Dr. C. E. Sajous, of Philadelphia — unacquainted with the papers of Daly and Roe — published an essay entitled "Notes on Hay Fever," in the *Medical and Surgical Reporter*, Dec. 22nd, 1883, in which he advanced the opinion "that hay fever was due to an idiosyncrasy on the part of certain individuals to become affected by certain emanations; that organic alteration of the surface of the nasal mucous membrane altered its sensibility and destroyed what morbid irritability might have attended the nervous filaments distributed over it," and, furthermore, that "hypertrophies of the nasal membrane increased its irritability and the intensity of the symptoms." In 1885, he published a monograph on "Hay Fever, and Its Successful Treatment by Superficial Organic Alteration of the Nasal Mucous Membrane," illustrated with thirteen wood engravings.

Dr. Harrison Allen, of Philadelphia, in an article in the *American Journal of the Medical Sciences*, January, 1884, on the treatment of hay fever, attributed the disease to permanent or temporary obstruction of one or both chambers, and advanced the opinion that by overcoming this obstruction by the usual methods, a cure could be effected.

In the *New York Medical Record*, July 19, 1884, Dr. J. N. Mackenzie, of Baltimore, suggested the term "Coryza Vaso-Motoria Periodica," on the ground that "the disease is essentially a coryza, showing, in most cases, a decided tendency to periodic recurrence, and dependent upon some functional derangement of the nerve centres as its predisposing cause."

In 1884, Dr. Morell Mackenzie, of London, delivered a lecture at the London Hospital Medical College, in which he favored the pollen and idiosyncratic theories.

CHAPTER III.

Ætiology.— Dr. C. H. Blackley says : “ The successful elucidation of the ætiology of disease is fraught with consequences the value of which it is scarcely possible to estimate, and it is principally on account of its intimate connection with the physical well-being of mankind, that we ought to be desirous of laying bare its secrets.”

Since 1819, when Bostock first described the affection, numerous and diversified theories have been advanced to explain its causes and the phenomena of its periodicity, among which are : (1). That it is caused by the lodgment in the nasal cavities of the pollen of plants, grasses, etc., floating in the atmosphere, which, being inhaled, produce in them a special irritation, which excites more or less systemic disturbance of other parts and organs. (2). That it is caused by the lodgment or development in the nasal cavities of vibrones, or minute organisms, which induce the attendant symptoms. (3). That it is a functional disease of the nervous system — a neurosis. (4). That it is due to an idiosyncrasy, or constitutional diathesis. (5). That its causes are numerous, among which are heat, light, dust, dampness, cinders, brimstone

matches, gas, cold winds, drafts of air, the pollen of plants, grasses, shrubs, trees, etc., the odor of certain animals, plants, grasses, trees, vegetables and fruits, fumes, perfumes, and other emanations. (6). That it is of miasmatic origin. (7). That is due to local chronic disease of the nasal cavities, and that — except when disease of the nasal mucous membrane or nasal cavities, exists — the alleged exciting causes are inoperative.

The first, or pollen theory, originated with the laity of England, from the circumstance that their annual attacks occurred with the ripening of grasses and during harvest or hay-making time. They therefore attributed their attacks to the influence of pollen: hence the terms, "Hay Fever" and "Hay Asthma" by which it is generally known there. Dr. Elliotson was the first writer to use the term "Hay Fever," which has been attached to it since his day. He was led to give it the name from the fact that one of his patients — an agricultural laborer — observed that his attacks were precipitated by inhaling the emanations of dried hay. This theory is still the most popular one, and is sustained by the majority of writers. The careful experiments and researches of Dr. C. H. Blackley (second edition, 1880), conclusively demonstrate that the pollen of various plants stands as a causative factor in relation to the annual attacks of hay fever, and later experiments of other writers verify it, but prove that the pollen plays a secondary part only. Flowers have no charm for

the victim of this disease, for their presence is often sufficient to excite a paroxysm of sneezing, coughing and asthma.

That pollen is an undoubted factor in the causation of hay fever and its appearance on a specified date is well demonstrated and proven by Blackley and others, from the fact of the precision with which some plants ripen annually, as all botanists know. A removal from the locality where the irritant exists, to the sea shore, mountains or a sea voyage, or a change to any place where the pollen of the special irritant is not found, gives immunity from the attacks, unless the winds should carry the irritant to the new habitation.

The second theory originated with Helmholtz, from his discovery of vibriones, or minute organisms, in his own nose; to their presence he ascribed the disease from the fact that they could be found in the secretions from his nose only when sneezing during his attacks, and not when free from the disease. Dr. Salisbury, in 1873, discovered an animalcular organism which he termed *Asthmatus ciliaris*, and considered it to be the cause of the disease. This animalcular theory has a few advocates, which is largely due to the encouragement received from the supporters of the germ theory. Those that are blinded by the supposed scientific glare of the animalcular theory, contend that internal treatment for the relief of hay fever is inefficient, and, therefore, that it is incurable by any "pathy" or any means other than by destroying

the parasite. It is difficult to conceive by any process of reasoning why Sabadilla and other medicines, administered internally, high or low, can, and oftentimes do prevent, abort or cure many cases in those who sneeze in the torments of hay fever, *if* their nose and eyes were paying their briny tribute to the Helmholtzian parasite. The presence of vibriones in the nasal secretions can only be accounted for by the claim that "decomposing mucus is always populous with this common infusoria." Dr. Morell Mackenzie, in his "Hay Fever, Its Ætiology and Treatment, London, 1884," says: "It need scarcely be said that zealous 'bacteriomaniaes' have, of course, sought for parasitic germs in the nasal secretions of those subject to hay fever; but although bodies resembling pollen-corpuseles have been found (*British Medical Journal*, 1881, Vol. 2, page 18), no specific organisms have, so far as I am aware, been detected. It is almost a comfort in these days to find one disease for which the ubiquitous bacillus does not appear to be responsible."

The third theory has many advocates. Among these the late Dr. Geo. M. Beard, of New York, was one of the earliest and most prominent. In his treatise on "Hay Fever," or "Summer Catarrh," in 1873, and in his monograph on the same in 1876, he was very pronounced in his opinions. But he mistook the effect for the cause, in ascribing the origin of the disease to the nervous system, for the nervous phenomena can be more satisfactorily explained as arising by reflex irritation from the local affection, and

by systemic disturbance. According to Dr. Beard's theory (the nervous), three conditions are requisite to the existence of a paroxysm of hay fever: (a). Abnormally sensitive nerve centres. (b). A hyperæsthetic condition of the peripheral extremities of the nerves. (c). The presence of one or more of the vast number of irritants.

But the disease cannot be of nervous origin, else why does it appear at a stated month, day of the month, and even, in some instances, at a stated hour of the day, and not at other times of the year? There is no other nervous disease with which we are acquainted, possessing this peculiarity. Nervous diseases occur at any and all seasons.

The fourth theory is incapable of being the explanation of its annual recurrence at a definite season and generally on a definite day or hour, in persons of apparently good health, and free from any traces of nervous or other disorders at other times of the year. If we may judge by the number of writers on hay fever, and other diseases, who are ever ready to attribute the causes of disease to an' idiosyncrasy, without further explanation, one would infer that almost all diseases were inherent in the system. The term "idiosyncrasy" is only a convenient expression to cloak ignorance. The words "constitutional diathesis" would not have so great a significance in the medical world, if we were more specific in our investigation of the cause of disease. If hay fever is due to an idiosyncrasy, it is not a congenital, inherent, or innate

idiosyncrasy, and, consequently, the disease is not hereditary. Of the eighty-one cases reported by Wyman, we find only four of the number whose parents were similarly afflicted, which precludes the possibility of its hereditary origin. If hay fever be due to an idiosyncrasy, it is only an acquired idiosyncrasy due to the effects of some previous diseases. In the true acceptance of the term, all diseases that are said to be due to an "idiosyncrasy," or to "constitutional diathesis," are considered as being congenital: hence these terms are not applicable to hay fever. The fifth theory includes too much. Not one of the irritants named bears a causative relation to the disease. The theory that light and heat can produce hay fever, is completely opposed by the fact that sufferers from the affection are usually relieved, or have immunity from it, on going out to sea, where the sun's rays are more powerful than on land. During the hay fever season dust of all kinds is composed more or less of various kinds of pollen. Gas, odors, fumes, and emanations, produce more or less irritation of the nasal cavities, but are not sufficient to set up hay fever in one with a healthy condition of the nasal mucous membrane. To one with a knowledge of the ætiology and pathology of hay fever, the sixth theory — promulgated by John R. Kippax, M.D., of Chicago, in his "Lectures on Fevers." 1884, page 123, — does not present a single feature to commend consideration, or adoption. If pollen is a miasm, then another fact is added to scientific medicine.

CHAPTER IV.

After consideration of these numerous and conflicting theories, it is but natural to examine the parts affected for an explanation of its causes and phenomena, and to ascertain why the inhalation of this diversified "invisible nastiness" (as Tyndall very appropriately terms it) should produce a common result in persons subject to the disease. In the examination of the nasal and naso-pharyngeal cavities of a boy aged sixteen, to discover the character of a catarrh about which he consulted me, I found hyperæmia, hyperæsthesia, hypertrophy, the mucous membrane denuded of its epithelium, and partial stenosis of the nasal cavities. He soon thereafter changed his place of residence, and, as I afterwards learned, had hay fever the following year. An examination of the nasal and naso-pharyngeal cavities of *any* or *all* hay fever victims during the interim of attacks, and when in apparent good health, will reveal either hyperæmia, hypertrophy, hyperæsthesia, ulceration, exostosis, polypus, deflection of the septum, stenosis, or other anatomical or pathological conditions or peculiarities, or both combined, with perverted physiological functions,

showing a local structural or functional disease of these cavities, which constitutes the prime or latent cause of hay fever. These pathological peculiarities and perverted physiological functions of the parts—organic changes—are the result of a neglected or improperly treated catarrh, catarrhal fever, repeated colds, or other diseases which leave the mucous membranes and structures in a sub-acute inflammatory and hypersensitive condition, and consequently highly sensitive to the action of pollen, dust, or other irritants or external influences, and upon which the exciting causes operate, and develop the disease in question. The action of pollen, dust, and other irritants—more especially pollen and dust—upon the nasal cavities in developing hay fever is almost universally conceded, but hay fever has a previously existing lesion in the nasal cavities, otherwise pollen and other irritants could not induce an attack: hence the above-stated cause, a pre-existing diseased condition of the structures and functions of these cavities, is the *predisposing* cause, and pollen and other irritants, the *exciting* cause. Consequently, as exciting causes, they play a secondary rôle. The fact of this disease being more prevalent in localities where catarrhal diseases prevail, goes far to substantiate the above statement.

The fact that, to the knowledge of the hay fever sufferer, there are generally no after-effects remaining from an attack of hay fever, or any objective or subjective phenomena by which the

physician could discover any lesion other than the pre-existing local chronic disease, precludes the possibility of any pollen poisoning—first mentioned by Dr. Marsh, and generously accepted by a few others—and demonstrates that pollen, dust, and other irritants are mechanical and not toxicological in their effects.

There is no peculiarity of constitution, form, or condition, observed in those who are subject to this disease other than the pre-existing nasal disease, anatomical peculiarities, and consequent perverted physiological functions mentioned. The "individual aptitudes," "predisposition," "individual or special susceptibility," "constitutional peculiarity," "idiosyncrasy or constitutional diathesis," and other synonymous terms used by various writers as explanatory of the causes of hay fever, can all be explained by reference to the pre-disposing cause—the *local chronic disease*. The majority of these writers fail to explain the origin or cause of the special susceptibility, etc., which they so modestly and satisfactorily accept. The cause of the deranged state of the nerve centers, or neurosis, of which many so assuringly write, is not explained by any of them. By an explanation we could better comprehend their theory of its cause. But it becomes clear when we consider that the systemic disturbance, such as asthma, the implication of the eyes, ears, bronchi and lungs, and the nervous phenomena, are the result of the irritation of the diseased tissues in the nasal cavities, which is reflected to distant parts and

organs, causing in them a fluctuatory hyperæmia, produced through the correlating function of the sympathetic ganglia connecting these different regions with the nose.

Dr. Daly, in an article on the "Relations of Hay Asthma and Chronic Naso-Pharyngeal Catarrh," (*Archives of Laryngology*, Apr. 1882, vol. 3, p. 57), reports the histories and cure of three patients, who were sufferers from hay fever and hay asthma, for six, fifteen and twenty-one years; two of which were cases of hypertrophy of the nasal mucous membrane, and one a case of polypus; the cure in each case being obtained by removing the morbid condition in the nasal cavities. Dr. F. H. Bosworth, of New York, says: "Of the sixty cases of hay fever which I have personally examined, I have seen none in which there was not notable obstructive lesion in the nasal cavities."

CHAPTER V.

Pathology.—The number of hay fever subjects in the United States is probably four times that of our standing army. Information relative to this disease is eagerly sought by this vast army of sufferers if it offer a ray of hope of relief or cure. That hay fever—so-called—is a morbid entity can be demonstrated by an investigation into and knowledge of its ætiology and pathology. Sir. Morell Mackenzie, in his “Hay Fever, its Ætiology and Treatment, 1884,” says in relation to the pathology of this disease: “Hay fever leaves no permanent structural lesion behind it, and cannot therefore be said to have any pathology.” But he is wrong. A disease can have a pathology without leaving a permanent structural lesion behind it. As has been, and will hereafter be shown, hay fever has its lesion in the nasal cavities, and consequently has a pathology: *i. e.*, there is a permanent diseased condition of the nasal cavities—the result of other diseases—which, being acted upon by certain irritants, produce the disease.

The want of definite knowledge in the past concerning the ætiology and pathology of this disease has not been from want of patient, care-

ful, and close observation or painstaking research to ascertain its causes, but from the fact that its presumed causes have been studied independently, that their relation to the tissues in the nasal and the naso-pharyngeal cavities have not been taken into consideration, and that the diseased condition of these tissues, which render them susceptible to various influences, has been entirely overlooked. In the examination of the various articles and more or less elaborate works on hay fever, there is no intimation of any investigation into the objective phenomena of the nasal or naso-pharyngeal cavities as to the existence of any localized diseased condition or anatomical peculiarities that might predispose to the affection, previous to the articles of Drs. Daly, Roe, Sajous, Harrison, Allen, and J. N. Mackenzie. Hay fever patients are all alike in presenting certain anatomical peculiarities or pathological conditions of the nasal cavities, or both combined, among which are: obstruction by deflection of the septum (either congenital, or acquired by disease or injury), sometimes unusual prominence of the inferior turbinated bones, stenosis, or complete closure of one or both cavities, hypertrophy of the soft parts or bones, polypus, exostosis, or other diseased condition of these cavities. The tissue covering the inferior turbinated bones and lower part of the septum is a highly vascular, erectile tissue, which is under the control of the vaso-motor nerves, and is highly sensitive in local impressions, as well as to other impressions in other parts of

the body. The effects of a cold in the head, or of a draft of air striking the body will, in some instances, cause this tissue to become engorged and thus occlude one or both nostrils. The engorgement of this tissue as a result of a draft of air, or sudden chilling of the body, etc., causes the distressing sensations arising from and accompanying a cold in the head. A remaining engorged, sub-acute inflammatory, or hyper-sensitive condition of the tissue covering the nasal cavities — a rhinitis — as a result of the above operative causes, is irritated by the contact of pollen and other irritants, which develop a rhinorrhœa, and also what is popularly but erroneously denominated hay fever. An inflamed, turgescient or hyperæsthetic condition of this tissue — although slight and not sufficient to cause any special annoyance, or attract the attention of the patient — may, through atmospheric and other influences, increase its susceptibility to irritation in a marked degree, or result in permanent hypertrophy, and consequently nasal stenosis.

There is an intimate connection between the nervous supply of the nose, eyes, ears, throat, bronchi and lungs. The irritation reflected from tissues of the nasal cavities through the sympathetic nerves to other parts and organs, is the excitor of the varied and distressing symptoms and conditions experienced by hay fever victims, among which are hay asthma.

If the lesion of hay asthma is traceable to the nasal cavity, it is reasonable to suppose that

the lesion of other forms of asthma may be traceable to a diseased condition of this cavity. Such has been the result of my investigations in cases of asthma. The importance of an unobstructed nasal passage, free nasal respiration, and a healthy condition of the nasal mucous membrane can only be realized and appreciated when one attempts to eat, drink, sleep, or talk with the cavities closed.

CHAPTER VI.

Diagnosis.—Hay fever may be mistaken for a cold in the head, catarrh, influenza, catarrhal fever, ophthalmia, acute bronchitis, or asthma. In hay fever we have itching of the nose, eyes, ears, mouth, throat and skin, paroxysmal and violent sneezing, profuse bland or acrid discharge from the nose, occlusion of the nares, an inflamed condition of the eyes; headache, fever, spasmodic cough, asthma, a specific date for its annual recurrence, which visitations are out of the seasons of ordinary colds, catarrh, influenza, etc. It is of long duration and great severity. There is no predisposition, as a rule, to other diseases, and the combination of symptoms and conditions are not common to any of the above diseases. A careful study of its symptoms, ætiology and pathology, will prevent its being confounded with any other disease.

Prognosis.—The prognosis is favorable. A removal from the exciting causes gives immunity from the affection. The catarrhal and asthmatic conditions seldom, if ever, lead to grave results, or to permanent organic changes. No matter how severe the case may be, the symptoms finally disappear in all but rare instances, and the patient recovers health in the months of perfect

immunity. It does not appear to shorten life. It has heretofore been regarded as the most obstinate and, to a great extent, one of the incurable diseases, but the discovery of its lesion being in the nose has made prognosis favorable in all cases, for just so far as we can cure this pre-existing nasal disease, just so far can we cure hay fever. The co-existence of great debility, pregnancy, pulmonary or bronchial affections, and grave constitutional difficulties modifies the prognosis.

Sanitary Resorts.—The only places to which hay fever victims, as a rule, can resort with benefit or immunity, are those where vegetation does not exist, as on the ocean, or where the seasons are so short vegetation does not ripen, as in high mountain regions, or on islands, showing conclusively the result of the inhalation of substances arising from Summer's or Autumn's growth. Some hay fever subjects are only susceptible to a special irritant; these have immunity by removal to a district where this irritant does not exist, or is not carried by the winds.

The principal and favorite hay fever resorts in the United States are the White Mountains, Catskills, Adirondacks, Alleghanies, Lookout Mountain, Roane Mountain, the Rocky and Sierra Nevada Mountain country, Lake Chautauqua, the shores of Lake Superior, Put-in Bay, Colorado Springs, Col., Hot Springs, Ark., Fire Island, the Island of Mackinaw, Cobb's Island, and Brigantine Beach, New Jersey.

Some of the principal hay fever resorts of Europe, are: The Highlands of Scotland, the

mountainous districts of Wales, the rocky Atlantic coast of Ireland, and the mountains of Switzerland. These hay fever resorts give immunity, by virtue of the rare and pure atmosphere, wherein pollen, etc., does not exist, and is not carried or found floating, in contradistinction to the humid atmosphere of the habitat of the victim, wherein all the various irritants float, and other exciting causes operate. A sea voyage gives entire immunity from the disease. All hay fever subjects do not alike receive immunity from the disease. Dr. J. C. Morgan tells us that "Hydrogenoid patients do badly at the sea-shore, but Long Branch, on the New Jersey coast, has a special reputation as a sanitary resort for hay fever subjects, having no upland vegetation, and being separated from the mainland by five miles of salt bay." The case of a lady was brought to my notice, who had been a victim of hay fever for several years, who visited Hot Springs, Ark., for three consecutive years, at about the usual time for the attack, and remained until the hay fever season was past. She has had entire immunity from the disease since. Some physicians claim that there is an element of the practical in the geographical feature of the disease in that it enables them to direct their patients where they may expect to find immunity from their attacks. To a homœopathist with a knowledge of its ætiology, pathology, the proper local and general measures for removal of the pathological condition, and the proper *similimum*, there is no necessity for such consolation, or of making exiles or refugees of hay fever patients.

CHAPTER VII.

Treatment.—This disease has heretofore been considered one of the most difficult and refractory to deal with and the treatment generally unsatisfactory.

Phœbus gives a long list of remedies that have been unsuccessfully employed to combat it, and Zuelzer, in Ziemssen's Encyclopedia, after giving a history and description of the disease, dismisses the consideration of its treatment, with the statement that "treatment is powerless against it."

From the diversified internal medication recommended by writers of other schools, there is nothing to offer, on account of the results of the treatment having been unsatisfactory. It consists mainly of tonics, sedatives, alteratives and nervines.

With many, a favorite local application has been to irrigate the nasal cavities with a solution of Quinine, gr. j, or ij, to water 3j, two, three or more times daily. This was first recommended by Helmholtz. It has proved of but little if any benefit. The good effect, if any, is attributable to the solution washing away the *corpus delicti* mechanically, rather than by any parasiticide action. The various injections and insufflations

recommended have been of no permanent benefit and in many instances have proved injurious. Sir Morell Mackenzie, (*Hay Fever*, 1884, page 22), says: "I trust very little to local measures in the treatment of hay fever, but when there is profuse secretion with an excessive tendency to sneeze, the inhalation of strong Ammonia salts often gives great relief." Many appliances and devices are recommended for the comfort of the patient during an attack, but none of them equal prompt and well directed treatment towards the removal of the cause.

No experiments since those made by Blackley have been as thorough as his. They were then comparatively satisfactory from an ætiological point of view, but did not suggest a successful plan of treatment.

Homœopathic literature records but few absolute cures. Leading writers of our school speak with indifference in relation to its ætiology, pathology and treatment.

There has been but little concurrence in the various articles written in relation to treatment. The internal treatment suggested has been mainly empirical, and has depended largely upon the fanciful doctrine of signatures, especially the indications for the guidance in the choice of the remedy, which has often been colored to suit the views of the writer in reference to some favorite remedy or supposed specific. This lack of unanimity is attributable to the fact, that, until recently, the ætiology and pathology have been but imperfectly understood.

Many cures of hay fever are reported, which, upon inquiry in after years, it is learned that the attacks recurred each succeeding year, and, in many instances, the treatment that once relieved was of no avail in succeeding attacks. These are not absolute cures; they are only a partial or temporary cure. An absolute cure can only be effected by a removal of the prime cause—chronic nasal disease—which prevents the susceptibility to the action of pollen and other irritants, and consequently a recurrence of attacks. The treatment is necessarily a varied one, and depends upon the individuality of each case. It is sometimes of service to use locally the same remedy that is administered internally, but generally in a more crude form. This local remedy is used by inhalation, by hot or cold sprays, but generally should be applied directly to the diseased tissues. It is hardly necessary to specify the local treatment other than in a general way. When a polypus is the cause—as it has been found to be in a few instances—a removal by instruments, electricity, cauterization either by the galvano-cautery or acids, or, as has been accomplished in some instances, by internal medication in connection with a low dilution or trituration of the same medicine administered locally. This has been accomplished by the use of *Thuya*, *Sanguinaria canadensis*, *Teucrium* and a few other medicines in cases of polypus of various parts.

In the *Louisville Medical News*, Aug. 22, 1885, page 115, Dr. W. Cheatam, says: “Some few

may be relieved by curing an existing nasal catarrh."

Among the pathological changes, simple chronic rhinitis is the condition most commonly met with when examining a patient during the intervals between the attacks, when all outward manifestations of the disease have disappeared.

Those who have once suffered from chronic rhinitis generally enjoy immunity from common catarrh. For a removal of chronic rhinitis it is essential to begin treatment as soon as detected. Prominent among the indicated remedies for this condition are *Sanguinaria canadensis*, *Sanguinaria nitrate*, *Kali hydriodicum*, *Kali bichromicum*, *Cinnabaris*, *Sinapis nigra*, and some of the mercurial preparations, especially *Mercurius protoiodatus*.

A Vaseline spray, both during the attacks of hay fever and during the interim of them, is both soothing and beneficial. It may be necessary during the attacks to use other adjuvants: *i. e.*, spraying with a weak aqueous solution of Boracic acid, puncture of the swollen portions of the membrane with a narrow knife blade, Cocaine, the galvano-cautery, or, in some instances, acids. In using the knife, galvano-cautery or acids, we must not be unmindful that these mechanical and operative measures must be used with a considerable degree of caution, as extensive tracts of cicatricial tissue may become the seat of more serious disease than hay fever. In the *Journal of the American Medical*

Association, Feb. 6, 1886, Dr. S. S. Bishop says: "The new surgical treatment of hay fever, which consists of cauterizing the sensitive areas, is too recent to have afforded permanent results. Not wishing to prejudice against the operation those to whom it might prove beneficial, I willingly part company with this phase of the subject. But I cannot do so with fidelity to the profession and to this class of patients without warning them of possible consequences. This treatment may precipitate paroxysms of veritable asthma. In fact, two applications of the galvano-cautery, under Cocaine anæsthesia, have superinduced true asthma without curing the hay fever."

With the chronic rhinitis there may exist a tendency to frequent or permanent turgescence, hyperæsthesia, fluctuatory or permanent hypertrophy, adenoid vegetations, tumors, a deviated or thickened septum, stenosis, anatomical peculiarities, either congenital or acquired, or other organic changes. It is useless to attempt a removal of true or permanent hypertrophy by internal medication. It may aid in some instances, but the main reliance should be upon the cold wire or Jarvis snare, the galvano-caustic snare, galvano-cautery, or caustic acids, *i. e.*, Chromic, Glacial-acetic and Nitric. It is in this hypertrophic condition that we are more especially justified in the use of the galvano-cautery, galvano-caustic snare and caustic acids, but even then the patient should be under close surveillance that we may be sure of the reduction of

the redundant tissue, and to correct any complication that might arise from the cautious use of the above measures. Following these operative procedures, it is generally advisable to use the Vaseline spray. Nitrous-oxide gas is a convenient anæsthetic in using the galvano-cautery. Chronic hypertrophic nasal catarrh, and hypertrophic rhinitis are frequent causes of asthma and hay asthma. This can be demonstrated by their removal, when there will be no recurrence of the asthma.

Adenoid vegetations or adenomata at the vault of the pharynx can be removed by the properly selected homœopathic remedies, in conjunction with proper cleanliness and attention to diet and hygiene. Where this condition is extensive, it is essential to resort to operative measures similar to those in the removal of hypertrophy. The attendant catarrhal condition should receive prompt attention and constitutional treatment be given with the object of preventing a recurrence of the growths.

The *Hydrochlorate of Cocaine* is a valuable adjunct in the treatment of hay fever. A four per cent solution is the strength commonly used, but it may be used of a varying strength. It will not cure, but it palliates and temporarily checks the ravages of the disease by the local insensibility it produces, and partly by the contraction of the capillaries it induces, lessening the hyperæmia and rendering the mucous membrane temporarily insensible to the action of pollen and other irritants. It will arrest the

bronchial catarrh and asthma accompanying this disorder. If used in the early stages, the sneezing stage or in mild cases, where the main or only feature is sneezing, it checks the disease temporarily, enables hay fever refugees to remain at home and lessens the tendency to complications. Its continued use, whenever any irritation has been set up, has given many persons almost entire relief from the annoying and distressing conditions attendant upon the disease. As a palliative it acts like magic, and for prompt but transient relief, no other local agent equals it. Dr. DaCosta has found it useful in a number of cases. It should be applied before using the galvano-cautery and other operative measures. It is used from one to three times per day, and in extreme cases oftener, but generally one application a day suffices. The introduction of Cocaine tablets within the nasal cavities once or twice a day, is a convenient mode of using it. Some patients are highly susceptible to its influence and cannot tolerate its use, at least only at long intervals. Serious results have attended its use, especially when used so often that the absorption of a large quantity has produced physiological and even toxic effects. The manner of using it is by means of absorbent cotton and cotton-holder; or a camel's-hair brush; or a small atomizer, spraying the entire nasal cavity; or, by injection of a few drops into each nostril; or, by having the patient in a recumbent position and using a common dropper, having the patient spit it out should

any get in the mouth or throat. Care should be taken to have the parts first cleared of mucus, which enables us to get a quicker action of the drug. It has both a primary and secondary action. By its primary action we have anæsthesia and anæmia, causing total but transient insensibility and a paleness of the membrane, with some retraction. The secondary effects are swelling and hyperæsthesia of the parts, even to a greater degree than before its use, even to the complete closure of the nasal cavities for hours.

In one case that came under my observation, a gentleman who was a confirmed hay-fever sufferer, whose attacks soon developed into a severe asthma, kept himself entirely relieved from the annoying symptoms and asthma by one application daily of the Cocaine, or whenever any irritation had been set upon in the nasal cavities.

In giving therapeutic indications it will be my aim to class the medicines in the order of their prominence as observed by myself, and by others who seem to have a true conception of the therapeutic treatment, and to include thereafter reported cures made by the remedy.

CHAPTER VIII.

THERAPEUTIC INDICATIONS.

Naphthalin.—Dr. Von Grauvogl discovered by provings on the healthy, and confirmed by clinical experiments, the use of this remedy in emphysema pulmonum. He claims that “the violent asthmatic attacks are ameliorated immediately, and soon disappear entirely.” He gives it two or three times a day, and not oftener than every two hours. He recommends that “the administration should be interrupted occasionally, for eight days, but as soon as the improvement ceases, or a return occurs, the Naphthalin must be taken as before.” He also claims that “beneficial results arise not only in the usual chronic emphysema, with bronchial catarrh, which exists in the lungs of buglers, but also in the emphysema, in consequence of the so-called bronchial asthma, without bronchial catarrh, which arises from abnormal innervation of the vagus.”

This remedy is applicable to more cases of hay fever, and to more forms of it, and better results are obtained from its use in all stages, than from any other drug. As a prophylac-

tic, a dose of the 2x, or 3x trituration, either in powder or tablet, if given three times a day, will, in many—though not in all—instances, give immunity from an attack. It is in those cases in which previous attacks have been slight, that it will prevent an onset of the disease. In rose-cold I have never given any other remedy, and have cured every case, though the number is not great.

On May 6th, 1885, I received the following note from Mrs. C—: "I am in torture with rose fever; great irritation of the lining membrane of nostrils and lips, with constant running of water from the nose, with feeling of having inhaled pepper. Constant sneezing. Eyes inflamed and painful. Entire head hot and inclined to ache. Send something to relieve me." I prescribed Naphthalin, 2x trit., every hour. On May 8th, the patient called at my office for more medicine, and wanted to know what that medicine was that gave her so much relief. She said she had had rose fever every year for twelve years, and had been treated by a number of physicians with but little relief at any time, until she had taken treatment from me. On May 11th she called again. She said she was cured, but, as she was going out of the city, she wanted another prescription of the same medicine to take with her to use in case of a return. On May 29th she called at my office again; she had had no return of the disease. (Reported in *American Homœopathist*, Vol. II, Dec. 1885, page 354.)

I had not seen this patient again, until March, 1888, when I learned there had been no recurrence of the attacks.

I first prescribed this medicine in 1879, in a case of hay fever which I had failed to relieve with other medicines. The 1x trit. was given every four hours. Four powders cured, and gave immunity from its recurrence. In 1880, six powders gave a like result. In 1881, there was no attack. In 1882, the patient changed his occupation, which required constant traveling. He had a recurrence of the disease. The same medicine, 2x trit., cured in a few days and there has been no recurrence since.

In the June issue of the *U. S. Medical Investigator*, Vol. XXI., 1885, page 299, I introduced to the profession the use of this medicine in hay fever, and related the coincidence that led to its use. Since that time, I have had the gratification of having many physicians bear testimony to its successful use.

In the following August issue of the same journal, Dr. W. C. D——, Oakfield, Wis., in relating his "experience with Naphthalin," says: "I have a case of hay fever here in which Naphthalin, 2x trit., did a splendid thing. A lady who has been troubled for the last eight years, had found no relief. I gave her five powders and she reported herself cured, something different than she is used to, as she now sleeps all night and feels splendid."

In the following October issue, Dr. W. Wadell, Wauseon, Ohio, reports fine results from

the use of Naphthalin 2x trit., in hay fever, giving five two-grain powders, which cured every case, where he had tried other remedies and failed.

In the December issue, Dr. O. P. Barden, Tioga, Penn., says: "Dr. B. F. Grant, of Bath, New York, who was a sufferer from hay fever, received prompt relief from Naphthalin 1x or 3x trit."

In the October issue of the *Southern Journal of Homœopathy*, Vol. V., 1885, page 87, I reported the cure of a case of acute catarrh with Naphthalin when other remedies had failed.

Next in order was the testimony of the venerable Dr. A. E. Small, in his "*Systematic Treatise on the Practice of Medicine*," 1886, page 775, in the following words:

"NAPHTHALIN IN HAY FEVER. We have had some delightful experience in the use of this remedy in hay asthma the present season; several cases were relieved or cured in the course of one week, with the 2x trit."

Besides these, others have testified to its efficacy by personal letters, clinical cullings, and through the journals, but the best testimony of all comes from Dr. F. F. Laird, Utica, New York, in an article on "Naphthalin," read before the Homœopathic Medical Society of the State of New York, Feb. 15th, 1888, and published in the *North American Journal of Homœopathy*, March, 1888. The portion of it under "*Respiratory Organs*," relating to hay fever, I herewith copy:

1. "*Hay Fever*.—For this obstinate malady

it is *facile princeps*. Dr. Small and many others in the homœopathic ranks have here testified to its wonderful efficacy. '*It almost never fails,*' is an assertion to which the writer can truthfully and emphatically add his verdict. While it seems to benefit *all* cases of this strange neurosis, (?) it is especially adapted to patients who experience more or less asthmatic symptoms. I may safely say that *Naphthalin* is to "*hay asthma*" what *Aconite* is to *synochial fever*, as near a specific as anything in medicine can be.

"During this summer and fall I have treated eighteen cases of hay fever with this drug alone, and with the most satisfactory results. Two cases deserve to be quoted as exhibiting the typical patient.

"*Case 1.*—E. L., aged 46, nervo-bilious temperament, has suffered for nineteen years with hay fever, which put in an appearance regularly on the 14th of August. It began with dull frontal headache and sense of malaise, followed in from 24 to 48 hours by fluent coryza, excessive sneezing, injection of conjunctivæ and most unbearable itching of the eyelids. During the first week this condition gradually increased until the nose, eyelids, and, in fact, the whole face, became so swollen as to resemble the countenance of Sullivan's antagonist after a prize fight. During the second week, the inevitable asthma added to his misery. Night after night he suffered from as intense dyspnœa as I ever witnessed, the lips and even the finger nails becoming blue; while all through the day his wheezing

breathing could be easily heard in an adjoining room. Ipecac, Arsenicum, Kali iod., Sabadilla, Aralia, were all faithfully tried, together with many other remedies of less note. Hypodermic injections of Morphia and Atropia gave him his only relief in the paroxysms of asthma. A trip to the White Mountains put an end to the trouble for 1886. During last winter my attention was first called to Naphthalin, and immediately the above case came to my mind as most appropriate for its use. On August 1st of this year I began giving one tablet of the 2x trituration three times a day, to test its powers as a prophylactic. August 14th passed without any sign of hay fever *for the first time in nineteen years*. I seem to hear the skeptic suggest that 'He wouldn't have had it any way!' So the patient began to think. He therefore stopped using the drug for a week, *and on came his hay fever*. On resuming the remedy the symptoms at once subsided.

"This fact illustrates a point which I wish to thoroughly impress upon your minds, namely, *the necessity of continuing the use of the drug during the whole time that the disease generally lasts*. Like quinine in malaria it *prevents its manifestations without stamping out its cause*.

"Case 2. — F. W. T., clergyman, at about 50, lymphatic temperament, a victim to hay asthma for 14 years, was frequently compelled to give up his pastorate for several weeks and seek the mountains for relief. This year he came to me in June to know if anything could be done in

the way of prevention, his old enemy having just commenced operations. He had but recently moved to the city in the hope of avoiding this pest. *Naphthalin 2x* was administered, and in twenty-four hours he was perfectly free from his trouble, and has so continued up to the present writing.

"In cases presenting marked tumefaction of eyelids and nose, with very excoriating lachrymation and coryza, Naphthalin cerate locally is a valuable adjunct to the treatment; while in marked irritability of the throat and in the asthma, the application of a two per cent spray will be found very useful."

I have also learned that to get beneficial results from the use of Naphthalin, it must be continued at longer or shorter intervals during the hay fever season, and its use continued thereafter in many cases, for the purpose of removing the chronic rhinitis, which it has done for me in a few instances. I do not think that, "like Quinine in malaria, it prevents its manifestations without stamping out its cause," but, that it frequently stamps out the cause. If it does not do so entirely while taken during the hay fever season—for the exciting cause is present, ever ready to renew the attack—it will accomplish the desired purpose in some cases by its continued use thereafter, when it should be given in a higher attenuation.

From the clinical use of Naphthalin I am led to believe it to be a left-sided remedy, and its action more pronounced in the left than in the

right lung. In Naphthalin, we have a sovereign remedy in emphysema, asthma, hay asthma, hay fever, acute and possibly chronic catarrh, and I believe in chronic rhinitis. It should be well proved. We should not forget that true hypertrophy and other organic changes and anatomical peculiarities preclude the possibility of a cure by internal medication until these are corrected by operative procedures.

Sabadilla.—This medicine has been recommended by some writers as a prophylactic, and some cures have been reported from its use, but I have failed to learn whether any of the cures were permanent. Dr. Small says that “Dr. E. M. Hale has succeeded in aborting several cases of hay fever with Sabadilla.”

It is of excellent service in relieving excessive sneezing, fluent coryza and lachrymation.

Its therapeutic indications are: Great irritation and itching of the pituitary membrane, with violent paroxysms of sneezing; copious coryza and lachrymation; lachrymation when in the open air; when looking at a bright light; when coughing or yawning; frontal headache; redness of the margins of the eyelids; dryness of the mouth without thirst; dry, spasmodic cough; cough worse on lying down; sensitiveness to cool air; agitated, unrefreshing sleep. Dr. Bayes has used it with marked success.

Dr. Hawkes (*Clinique*, Vol. I, 1880, page 95), reports the cure of a case of rose cold of three or four years' duration, with Sabadilla 200 in about three days, with the following symptoms:

" Burning stinging in the bridge of the nose, with a full, distended feeling; complete obstruction of the nose, so that he could breathe only with his mouth open; much sneezing, with profuse discharge of a bland, watery, very thin mucus; persistent, almost voluptuous itching and tingling of the alæ nasi at their junction with the lips; sneezing much worse indoors than outside; breathing much easier outdoors; better in every way outdoors; nose swollen and red; eyes watery and weak looking. Commenced improving next morning after taking medicine." In reply to my letter of inquiry of Sept. 21st, 1887, Dr. Hawkes said: " In the case of rose cold referred to, there was no return of the symptoms, to the best of my knowledge and recollection."

Arsenicum iodatus.— This remedy has been recommended as a prophylactic. The prophylactic power of a drug lies in its ability to so affect the organism as to render it proof against contagion, or to remove a pre-existing diseased condition, and predisposing cause, and render it innocuous to an exciting influence. No remedy up to the present time, has been so much in general favor with the profession as this one. Dr. E. M. Hale considers it to be the nearest to a specific for hay fever that we now possess. It is indicated in cases in which there is a malarial cachexia; in persons of a pale, delicate complexion, prone to glandular enlargements; itching and irritation in the mouth, eyes, ears, nose and throat; burning sensation in the nose and throat; excessive sneezing; fluent coryza, the

discharge being thin and acrid, the acridity being pronounced; chilliness; flushes of heat; puffiness of the face and eyelids; eyes and nose red; rawness and dryness of throat, with hoarseness and asthmatic breathing, the difficult breathing being worse in the morning after meals, and after midnight; prostration; thirst.

Dr. Blackley, ("Hay Fever," second edition, 1880, page 252), says: "Of all the remedies I have had an opportunity of testing, I must give the palm to the Iodide of arsenic for its prophylactic properties in the early stage of hay fever, both in my own case and in those of other patients."

In a personal letter, Dr. O. P. Barden, of Tioga, Pa., reports good results with this remedy, in the treatment of several patients who had previously suffered from hay fever for two or three months each season. The indications for his guidance were as heretofore given. He says: "I find Arsenicum iodide an excellent remedy for catarrhal troubles."

Kali hydriodicum.—Frequent sneezing, fluent, acrid coryza; rawness and burning in the nasal and respiratory passages; swelling and redness of the nose; aching pain and throbbing in the frontal sinus; general aching; corrosive lachrymation; purulent discharge from the eyes, with swelling or œdema of the eyelids; oppression of breathing; hoarseness; violent, suffocative cough; profuse, white, frothy or stringy expectoration; choking sensation on awaking; wheezing breathing.

Dr. J. H. Lowrey, Neola, Iowa, reported to me, about two years ago, the following case: "Incessant sneezing for an hour or more every morning on rising; aching, heavy, pressing pain between the eyes; lachrymation when sneezing; at night the nose became stopped up; it feels sore to the touch. This trouble had appeared two years consecutively at the same date. Kali hydriodicum 1x trit., one powder every four hours, cured in a week, and there was no yearly return of the attacks."

In the *New York Medical Gazette*, October 8th, 1870, W. C. Roberts, M.D., vice-president New York Academy of Medicine, says: "If there were any truth in the *similia similibus* doctrine, and any virtue in infinitesimal doses, Hydriodate of potash ought certainly to prove efficacious; for once in my life, and only that once, I saw it produce in a man as bad a 'crying cold' as I ever had at any period of my autumnal catarrh."

Aralia racemosa.—The venerable S. A. Jones, M.D., proved this remedy on himself, and to him are we principally indebted for our knowledge of its pathogenetic effects. He is a sufferer from asthma, and a paroxysm came on after taking the remedy, but he claims it was very different from his usual attacks, in that it resembled hay fever. In this complaint and similar suffocative coughs, Dr. Jones has found it very beneficial. He relates a case of hay asthma cured by this remedy, in which the characteristic symptoms were: Yearly attacks of suffocative catarrh, with extreme sensitiveness to a

draught, the least current of air causing a violent fit of sneezing, accompanied by a copious, watery, acrid discharge from nostrils and posterior nares. Head felt stupefied from great loss of fluid, of a watery, transparent character, of an acrid, salty taste, excoriating the nostrils, posterior nares, and fauces. Waking at night with terribly impeded breathing, which necessitated immediate rising, with inability to lie down until nearly morning. During this time, sneezing, spitting, and blowing his nose would keep him busy. Bending forward, elbows on knees, eased the asthma very soon. Walking up stairs produced an aggravation. Inspiration was more difficult than expiration. When the coryza would cease, the whole trouble would settle on the lungs, producing an intense dyspnoea. Towards the end of the attack a dry, wheezing cough would set in, continuing, until with the sputa, there were ejected yellow, thread-like pieces of tough mucus, looking as if they had been dislodged from the bronchial tubes. Aralia ten drops, three times a day, cured in three days. For a more full description and knowledge of the action of this remedy the reader is referred to "Rough Notes on Aralia Racemosa," by S. A. Jones, M.D., *North American Journal of Homoeopathy*, November, 1872.

Allium cepa. — Sneezing; profuse, bland, though sometimes acrid coryza, commencing in the left, afterwards extending to the right nostril; discharge of white mucus; itching and burning in the nares; lachrymation, with itching of the

eyelids and redness of the conjunctivæ; nasal respiration impaired and sometimes abolished; headache; photophobia; sleep disturbed; appetite impaired; violent laryngeal cough, worse in the evening and in a warm room.

While there are no reported cures by this remedy, yet it is often valuable as an intercurrent remedy for the coryza and sneezing.

Sanguinaria Canadensis. — Frequent sneezing, aggravated by odors; copious, watery, acrid coryza, causing burning and rawness of the pituitary membrane, with loss of smell or perverted smell; pain in the frontal sinuses; (headache, arising from the back of the neck, coming forward to forehead and right side of head); oppression, pain, and soreness in the upper part of the chest, or on the right side of the chest, with difficult, wheezing breathing; severe dyspnoea; hay asthma; wheezing, whistling, hacking or dry cough, sometimes followed by diarrhoea, which relieves the cough; cough worse at night; burning dryness of the mouth and throat, not relieved by drinking; offensive sputa; all the symptoms worse on the right side.

In the *U. S. Medical Investigator*, (Vol. XVIII., 1883, page 185), Dr. Winterburn says: "Sanguinaria has an important influence on the nasal mucous membrane. I have seen it cure a number of fluent coryzas. It seems to act best in cases which affect particularly the right nostril, and are accompanied by much sneezing. Such cases often yield quickly to inhalation, through the nose, of the dust arising from shaking a small

quantity of *Sanguinaria* in a bottle; the inhalation to be repeated at intervals of three or four hours.

“Periodic coryzas of all sorts, from rose cold to autumnal catarrh, if possessing the characteristic conditions for *Sanguinaria*, will be cured by it.

“It may be merely a coincidence, but I have never been able to cure polypi in the left nostril with *Sanguinaria*. There is a peculiar right-sidedness running through the pathogenesis of this remedy and its analogue, *Chelidonium*.”

***Sanguinaria nitrate*.**—Our knowledge of the indications and conditions for the use of this medicine is, as yet, somewhat limited. Its action is similar to that of *Sanguinaria Canadensis*. It is claimed that it acts upon the hypertrophied tissue in the naso-pharyngeal regions better than any other remedy.

In catarrhal sore throat, Dr. Winterburn recommends its use in the form of a spray. He also reports (*U. S. Medical Investigator*, Vol. XVIII., 1883, page 186) the cure of “a mucous polypus, adherent to the septal membrane, nearly filling the arch of the passage, and hanging downward into the posterior nares.” The patient was given “an ounce of the Nitrate of *sanguinaria*, first decimal trituration, in a two-ounce bottle, with orders to shake the bottle and snuff the dust thoroughly up the right nostril every three hours. The effect was slow, but in the end most gratifying. In two months the polypus had en-

tirely disappeared, and the nasal membrane was healthy and has remained so."

Arsenicum album.— This remedy is recommended by some hay-fever writers as a prophylactic. Symptomatically, it is frequently indicated for sneezing; fluent, acrid, excoriating coryza; thirst for small draughts of water, and often; corrosive lachrymation; redness of the conjunctivæ; photophobia; burning sensations in the nose, eyes, throat and chest; anxiety; restlessness; prostration; asthmatic oppression of the chest, with great dyspnoea; wants doors and windows open, or jumps up suddenly at night and runs to the door or window for more air; or grasps hold of something; or sits up in bed, resting the head upon the hands, with the elbows resting upon the knees; short, hacking cough with pain in the upper part of the right lung; worse after midnight, from the least bodily exertion, or from a change of weather; mental depression. Dr. J. E. James, of Philadelphia, says: "I believe we have its (hay fever) remedy in Arsenicum 2nd or 3rd. It has in my hand effectually cured several cases."

Because of the presence of the specific irritant or exciting cause during the hay fever season, Arsenicum album and other symptomatically indicated remedies do not always avail without the removal of the predisposing cause.

Sticta pulmonaria.— Violent and incessant sneezing; severe coryza; hot, irritating, watery mucus is discharged; afterwards it becomes thick, bloody, green, or yellow, followed by dry-

ness of the mucous membrane; the fluent coryza dries quickly on a handkerchief; the secretions dry rapidly, forming scabs difficult to dislodge; excessive dryness of the nasal mucous membrane; dryness of the throat, worse at night; tickling in the bronchi and larynx, with racking cough, worse on inspiration; burning in the eyes; conjunctivitis; severe frontal headache with a sensation of fullness in the frontal sinuses.

Arum triphyllum.—Frequent sneezing; fluent coryza; nose obstructed, compelled to breathe through the mouth; coryza acrid, excoriating nose and upper lip; must have the head elevated in order to sleep; much itching of the eyelids, and inner canthi; aversion to a bright light; desire to go in the open air unless the sun shines brightly; chilliness; heat of face and head; constriction of the throat; saliva acrid; burning in the mouth and throat; soreness and burning sensation in the lungs; frequent tickling cough, with mucus expectoration; asthmatic paroxysms.

Ipecacuanha.—Is sometimes useful in the sneezing stage, but it is more prominently indicated in the asthmatic. The chest symptoms are the ones calling for its use. Long-continued, exhausting fits of coughing, with suffocative spells; gasps for air at an open window; the dyspnoea is intense; constriction of the throat and chest; constant, choking, asthmatic cough, with rattling of mucus; wheezing, nausea and vomiting; loss of breath on the least motion;

face pale; chilliness increased by external warmth; in the later stages there is profuse mucus expectoration.

Kali bichromicum.—Is better adapted to the removal of the prime cause than to the disease itself, though Dr. James Kitchen and others have used it with much benefit in hay asthma, especially when the quantity of mucus in the bronchial tubes is not as great as it appears to be, the expectoration being tough and stringy; burning of the mucous membrane from the nose to the throat; headache in frontal sinuses or over the left supra-orbital ridge; fluent, acrid coryza; hoarseness; wheezing, or sharp ringing cough, excited by eating or drinking; pinching pain across the bridge of the nose relieved by hard pressure; plugs of green mucus in the nose; loss of smell.

Euphorbium officinalis.—The main sphere of this medicine is for the cough. It has done me good service in some cases of hay fever, but I have not made any cures, or learned of any made by its use. Its indications are:—sneezing; chilliness and heat alternating; inflamed eyelids, glued together at night or in the morning; dryness of the mouth and throat; oppression of the chest; weakness and general prostration; worse from draught of air or dust; dry, deep, hollow cough, almost constant day and night, with irritation of the larynx, accompanied by stitches which seems to proceed from the pit of the stomach to both sides of the chest.

Grindelia robusta.—The use of this remedy is as yet empirical. I have used it but very little and with no satisfactory results in hay fever or hay asthma. It has been found to produce “a suspension of respiration” which awakened the prover from sleep. There is accumulation of tenacious mucus in the bronchial tubes, with difficult expectoration; oppression of breathing and asthma.

Ambrosia artemisiifolia.—If the hair of the dog is good for the bite, then this remedy, according to the exclusive pollen theorists, should be *facile princeps*. The published symptoms are similar to those of hay fever, as given in the *materia medica*.

Nux vomica.—The use of the remedy in hay fever was written of as early as 1852, in the *North American Journal of Homœopathy*, Vol. II., page 395. The indications for its use are:—sneezing; profuse, fluent coryza; nose stopped up at night and dry, but fluent coryza during the day; eyes itch and burn; dull frontal headache; loss of appetite; bad taste in the mouth mornings; chilliness and heat alternately, especially morning and evening; heat of the head and face; constipation; hemorrhoids; in the asthmatic form, with the occurrence of violent paroxysms of coughing in the evening after lying down, and especially if the expectoration is absent or scanty and tenacious.

Gelsemium sempervirens.—Often gives relief at the time of the premonitory symptoms. It is of excellent service in the outset of a cold

in the head. There is sneezing, tingling and obstruction of the nose; fluent coryza; watery corrosive discharge; pain in the back of the head; sneezing in the morning on first getting up; profuse lachrymation. Drs. Lippe and Hale give as its key-note, "violent sneezing in the morning." There are no reported cures by its use, and as a curative agent it has proven to be more theoretical than practical.

Mercurius sol. Hahn.; Mercurius dulcis; Mercurius sublimatis corrosivus and Mercurius protoiodatus.—Frequent sneezing, with swelling, redness and soreness of the nose; acrid, excoriating discharge; pains in the head, face, ears, teeth and extremities; violent, racking, unceasing cough, worse at night; chilliness with slight fever; tongue heavily furred; profuse non-alleviating sweat; burning in the posterior nares; mucus of an unpleasant odor; aching, itching and burning of the eyes, chiefly in open air; lachrymation, glueing the eyelids together; thirst; heat is uncomfortable, but patient cannot bear cold air. *Mercurius protoiodatus* is the one generally preferred, on account of its marked action in diseases of the nose and throat, and because of its being more suitable to the conditions that cause hay fever.

Aurum metallicum and Muriaticum.—Itching of the nose; constant sneezing, fluent coryza or stoppage of the nose; the eyes become involved by itching and photophobia; especially worse in sunlight; sneezing worse from effects of sunlight; the nose and eye symptoms are

worse in the morning, better from midnight to morning; morning asthma; face blue; palpitation of the heart; suffocative attacks, with spasmodic constriction of the chest. Several writers have reported good results from its use, but no absolute cures have been reported.

Natrum muriaticum.— Sneezing, worse when undressing at night, or on rising in the morning; excoriating, watery discharge from the nose, with sensation of squirming in right nostril as of a small worm there; bland discharge from the eyes; they smart when reading; smell acute. Dr. Hawkes, (*Clinique*, Vol. I., 1880, page 94), reports the cure of a case of hay fever of eighteen years' standing with *Natr. mur.* 200, a powder every night for four nights. The history of the case showed that asthma supervened upon the suppression of a severe attack of fever and ague with large doses of Quinine. There was no history of asthma in the family. The chills were tertian and appeared at 10 A.M., but under the influence of Quinine came irregularly. The lips and around her mouth were so thickly covered with fever blisters that she could not eat, speak, or use her mouth in any way without great difficulty and pain. There was a marked desire for salt. The examination of the patient elicited: "Constant and distressing sneezing and coughing; nose 'stuffed' or 'running' all the time; cannot lie down from 8 P.M. to 5 A.M., on account of distressing dyspnoea; sits up and smokes Saltpeter and Stramonium all the night in order to get breath; cough dis-

tressing and constant; great soreness in the chest; appetite poor; much headache; cannot be in a room where dusting or sweeping is going on; cannot walk in the street when dust is flying; the least dust of any kind distresses her and makes her gasp for breath. Her worst time is during the month of November. This had been her condition during the fall month for eighteen years. She left home for relief nearly every season. Sometimes she experienced partial relief; other times none. *She still desires a great quantity of salt with her food.*

The doctor concluded "that the cause of the 'hay fever' was the maltreatment of the intermittent fever eighteen years ago, and that the remedy indicated for the patient while suffering with that disorder was the one indicated in the present condition," and that "the symptoms indicating the remedy were: The time of the chill, 10 A.M.; the profuse eruption of fever blisters, and especially *the craving for salt*, which was still present." The prescription was given Sept. 7th, 1879, and on Sept. 29th, 1879, the patient reported, "entirely free of all former symptoms of her old enemy and cured."

The doctor claims that "this case tends to prove the truth, that hay fever is as amenable to treatment by the indicated remedy as are other diseases." Being desirous of knowing the *ultimatum* of the treatment in this case, I wrote Dr. H. Sept. 21st, 1887, and received the following, dated Sept. 29th, 1887. "In reply will say that the case of hay fever reported as cured

with *Natr. mur.* 200, remained well for that season; but that she was ill again the next season with the old trouble, although not quite so severely as on former occasions. *Natrum mur.* did her no good the second season, and the patient was so discouraged, she did not give me an opportunity of trying further for the remedy. This was the only satisfactory case of this annoying disease I have had. As a rule they do not give us an opportunity, being, as they are, under the impression that there is no relief from it, except change of climate. My view of it is that the predisposing cause of these cases is psoric, and that they are to be treated homœopathically, just as we treat all others, according to the totality of the symptoms."

We have in the above reported cure, not a permanent cure, but a palliation or cure of the existing attack, and no prevention of future attacks. With a true conception of the ætiology and pathology of hay fever, Dr. Hawke's views and treatment will change. A strict reliance upon symptomatology alone, in the treatment of hay fever, will cause many failures. The above is a fair illustration of some of the reported cures, and about the purport of the replies to inquiries concerning reported cures and the theories of the causes of the disease.

Calcareæ carbonica.—Dr. W. S. Gee, (*Homœopathic Physician*, Vol. IV., 1884, page 355), reports the cure of a case of hay fever, of ten years' duration, with *Calcareæ carb. mm.* In reply to my letter of inquiry, he says: "The

case reported in the *Homœopathic Physician* is mine. The disease returned the next year, but not so hard. I have treated others with relief, but in the main they are unsatisfactory to deal with. I believe the 'psoric' miasm is at the base in every case, and must receive treatment as for any chronic disease." Comment is unnecessary.

Lobelia inflata.—Hay asthma. The attack is preceded by a prickling, nettle-like sensation all over; little or no cough.

Moschus.—Hay asthma in persons of a nervous, irritable, or hypochondriac temperament; violent constriction of the throat, without cough; can't sleep during the whole night.

Pulmo vulpis.—Von Grauvogl used a first centesimal trituration as a remedy in an old subject suffering with asthma humidum, and met with brilliant success.—(*Arndt's System of Medicine*, Vol. I., page 315.)

The venerable S. A. Jones, M.D., (*American Observer*, Vol. II., 1874, page 632), gives some valuable hints, as well as the results of his experience and that of others, in the use of this medicine. This article and the reported cure are well worth reading, but too long to report here.

Camphor.—"First cent. trit. has been followed for some hours after each dose by decided amelioration."—(W. H. Holcombe, *U. S. M. and S. J.*, Vol. VIII., page 180.)

Sambucus nigra.—When the degree of dyspnœa is greater than that of Ipec., and

the cough less; extreme anxiety; face purple; asphyxia seems imminent; loud sibilant râles accompany the dyspnoea; free perspiration; the patient seems to sleep into the trouble.

Hippomanes mancinella. — Dr. B. W. James, (*U. S. Medical Investigator*, Vol. IV., 1876, page 424), says: "I have seen rapid improvement follow the use of it, especially where the attacks occur at night. We previously used *Arsenicum* in these cases."

Sulphur. — Sneezing on awakening in the morning, or on lying down at night. It is most useful where there are occasional attacks of urticaria, and in that form of hay fever where asthma is the special feature from the commencement of the attack. Profuse perspiration after the fits of sneezing or coughing; oppression of breathing between the paroxysms; sibilant dyspnoea; bluish lips; expectoration of a tenacious bronchial mucus; burning sensation in the larynx and trachea; violent paroxysms of coughing in the evening after lying down; constipation; hemorrhoids; skin affections.

Lachesis. — Long paroxysms of sneezing; profuse, acrid, coryza, causing excoriation, swelling, and redness of the nose; lachrymation with conjunctiva injected; violent, tickling, irritative cough, as if a hair were in the throat; constriction of the throat and lungs; oppression of breathing with pain in the lungs; sensitiveness of the larynx with a feeling of suffocation when touched; dyspnoea worse after sleep at night, after eating and after a nap in the daytime; prostration.

Notes

Dr. W. H. Holcombe has obtained brilliant palliative results with this remedy at the 2,000th attenuation.

Aconitum radix.—This medicine is recommended by many writers, but mainly at the onset of the malady, or for febrile disturbance; chilliness, or creeping chills; aching; profuse watery coryza; nervousness; restlessness; anxiety; coryza suppressed, followed by headache, or fullness of the head, heat in the nasal cavities, with frequent paroxysms of sneezing; dry, violent, racking cough, with stitches in the chest; photophobia, with a feeling as of sand in the eyes; hæmoptysis.

Euphrasia officinalis.—Frequent sneezing; profuse coryza and lachrymation; discharge of white mucus from the nose; severe itching and burning at the margins of the eyelids, with swelling and glueing of the edges; photophobia; dry, tickling cough; dyspnœa. It is indicated when the force of the disease is concentrated on the eyes.

Drosera rotundifolia.—When the cough accompanying this disease assumes a distinctly paroxysmal character, as if it partook of the nature of whooping cough.

Tartar emetic.—Sneezing; stoppage of nose alternating with fluid discharge; loose rattling cough, rattling of mucus, with little or no expectoration; oppression of breathing; nausea; aching in the muscles and joints; loss of taste and smell.

Pulsatilla.—Sneezing; coryza fluid or dry, or the discharge is of considerable consistence, thick, yellow or green, and sometimes offensive; there is an alternate stoppage and discharge; discharge more copious in the open air; loss of taste and smell; abundant catarrhal expectoration; chilliness; vertigo; prostration; palpitation of the heart; aversion to milk and fat food.

Teucrium marum verum.—“The eyes look as if one had been weeping, with smarting in the canthi and redness of the conjunctiva. Redness and puffiness of the upper eyelids. Profuse smarting tears in the open air. Fine ringing in right ear when blowing the nose, squeaking as if air were forced through mucus. Tingling (itching) in the nose. Stinging, lancinating pain in the upper part of the nasal cavity. Frequent sneezing, with tingling in the nose without coryza (or followed by coryza). Sensation in one nostril as if it were half stopped.” — *A. L. Fisher, M.D., U. S. Medical Investigator, Vol. XII., 1880, page 187.*

Sinapis nigra.—The venerable J. P. Dake, M.D., Nashville, Tenn., suggested to me the use of the ethereal oil of *Sinapis nigra*, by inhalation, to relieve the sneezing and check the abundant coryza. He informed me that he had found it of great service in cases of acute coryza. His plan of use is to saturate a bottle of pellets and inhale from them.

C. A. Groves, M.D., (*North American Journal of Homœopathy*, Vol. XXIX., 1880–81, page 630),

says: "Dr. Butler, of Montclair, New Jersey, has relieved a number of cases with *Sinapis nigra*, and recommends the remedy."

Natrum arsenicosum.— "This prompt and most searching medicine can go far in the cure of the predisposing cause of this poisoning (?). Besides the burning which is so characteristic of this disease, it has scores of other symptoms which show it to be favorable to many cases."—*J. E. Jones, M.D., Medical Advance*, Vol. XVIII., 1887, page 564.

Cuprum aceticum.— "If persevered with, cures many a case. Its nightly aggravation, burning excoriation, violent cough in paroxysms, fears of suffocation, burning pains, tough, tenacious phlegm, etc."—*J. E. Jones, M.D., Medical Advance*, Vol. XVIII., 1887, page 564.

Ammonium bromide.— "In cases where the usual attendant symptoms are accompanied with a violent tickling cough. It also has more than a mere palliation; there is a changing of the diathesis." (?)—*J. E. Jones, M.D., Medical Advance*, Vol. XVIII., 1887, page 564.

Kali bromidum.— Dr. C. H. Blackley, says: "*Bromide of potassium* had some influence in delaying the attacks, but it was very feeble."

Iodide of mercury cum Iodide of potassium.— Dr. C. H. Blackley says: "This drug seemed, so far as I could judge by the few trials I had an opportunity of giving it, to promise excellent results; but as these results cannot be considered a sufficient test of its value, it will not be well to speak too confidently of it."

Ailanthus glandulosa.—Copious, thin, ichorous, bloody discharge from the nose.

Ammonium muriaticum.—“Burning in the eyes, and lachrymation at night; rawness and soreness in the fauces; is obliged to clear the throat frequently; burning in *small spots* in the chest; itching in the larynx; dyspnoea on moving and when lying.”—*Kippax on Fevers*, 1884, page 131.

Asarum Europeanum.—“Fluent discharge with deafness; sensation as if the ears were plugged up with something.”—*Kippax on Fevers*, 1884, page 132.

Bovista.—“Is specially indicated when the patient complains of fullness at the epigastrium; has to leave the clothing loose. The low dilutions are apt to aggravate, but the high act well. If you give the tincture in water, keep away from the patient till he forgets how much suffering it caused.—Advice from experience.”—*Transactions Massachusetts Homœopathic Medical Society*, 1871 to 1877, Vol. IV., page 574.

Badiaga.—“Spasmodic cough, with sneezing and lachrymation. Yellow viscid mucus flies from the mouth and nostrils during the paroxysm.”—*Kippax on Fevers*, 1884, page 132.

Belladonna.—Is useful as an intercurent remedy for the complication of neuralgia of right temple and eye; photophobia; wants to sleep and cannot; soreness of throat; flushed face.

Carbolic acid.—Coryza; lachrymation; short, dry cough; dyspnœa; inability to lie down.

Cyclamen Europeum.—“When there is a great deal of sneezing, with rheumatic pains in the ears and head. Loss of smell.”—*Kippax on Fevers*, 1884, page 132.

Cuprum metallicum.—Where the asthmatic attacks are sudden, or in the purely nervous asthma; respiration spasmodic; complicated with cramps and convulsive twitchings.

Hepar sulphuris calcarea.—“A tight cough with elevation of the shoulders with each inspiration.”—*Transactions Massachusetts Homœopathic Medical Society*, 1871 to 1877, Vol. IV., page 574.

Opium.—Dr. C. H. Blackley, (*Hay Fever*, Second edition, 1880, page 274), says: “Opium is a remedy that often does good service in the asthmatic form of hay fever when paroxysms of suffocation come on during sleep, and when these are apt to be followed by violent fits of dry, racking cough that are relieved for a time by drinking a glass of water.” He advises the first decimal attenuation.

Rumex crispus.—Violent and rapid sneezing; fluent coryza, with painful irritation in the nostrils; dryness of the posterior nares; violent, dry, periodical and paroxysmal cough, with soreness therefrom behind the sternum.

There are other remedies recommended for use in this disease, but the provings of none of

them point to their homœopathicity from a symptomatic standpoint. Some of them might be useful as intercurrent remedies for complications which arise.

THE END.

INDEX.

	Page.
Aconitum radix	71
Adenoid vegetation	44
Ætiology	22
Ailanthus glandulosa	74
Allium cepa	58
Ambrosia artemisifolia	64
Ammonium bromide	73
Ammonium muriaticum	74
Aralia racemosa	57
Arsenicum album	61
Arsenicum iodatum	55
Arum triphyllum	62
Asarum Europeum	74
Aurum metallicum	65
Aurum muriaticum	65
Badiaga	74
Belladonna	74
Bovista	74
Calcareo carbonica	68
Camphor	69
Carbolic acid	75
Chronic rhinitis	42
Cocaine	44
Cuprum aceticum	73
Cuprum metallicum	75
Cyclamen	75
Definition	8
Diagnosis	36
Drosera rotundifolia	71
Euphorbium officinalis	63
Euphrasia officinalis	71
Gelsemium sempervirens	64
Geographical distribution	13
Grindelia robusta	64
Hepar sulphuris calcarea	75
Hippomanes mancinella	70
History	15
Iodide of Mercury cum Iodide of Potassium	73

	PAGE.
Ipecacuanha	62
Kali bichromicum	63
Kali bromidum	73
Kali hyriodatum	56
Lachesis	70
Lobelia inflata	69
Mercurius dulcis	65
Mercurius proto-iodatus	65
Mercurius solubulis Hahnemanni	65
Mercurius sublimatis corrosivus	65
Moschus	69
Naphthalin	47
Natrum arsenicosum	73
Natrum mauriaticum	66
Nux vomica	64
Opium	75
Pathology	32
Prognosis	36
Pulmo vulpis	69
Pulsatilla	72
Quinine	39
Rumex crispus	75
Sabadilla	54
Sambucus nigra	69
Sanguinaria Canadensis	59
Sanguinaria nitrate	60
Sanitary resorts	37
Sinapis nigra	72
Sticta pulmonaria	61
Sulphur	70
Synonyms	7
Tartar emetic	71
Teucrium marum verum	72
Therapeutic indications	47
Treatment	39
Vaseline spray	42
Varieties	10



